



**KENTUCKY BOARD OF  
EMERGENCY MEDICAL SERVICES**  
COMMONWEALTH OF KENTUCKY  
2545 LAWRENCEBURG ROAD  
FRANKFORT, KENTUCKY 40601  
PHONE: 502-564-8963  
FAX: 502-564-4687



**KBEMS Use Only**

Received By: \_\_\_\_\_

Amount: \_\_\_\_\_

Check #: \_\_\_\_\_

**Duplicate Card/Certificate Request Form**

**Level Being Requested:**

(Circle below)

First Responder      EMT      Paramedic      Instructor      Ambulance Provider

**Document Being Requested:**

(Circle One)

Card      Wall Certificate      Both

**Certification/License Number:** \_\_\_\_\_

or

**Ambulance Provider #:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

(As it appears on cert./license)

**Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Contact Number:** (    ) \_\_\_\_\_

**Signature:** \_\_\_\_\_

\*There is a \$25.00 fee for all duplicate Cards, Wall Certificates and Ambulance Licenses.  
Please send a check or money order payable to the Kentucky State Treasurer to:

Kentucky Board of Emergency Medical Services  
2545 Lawrenceburg Road  
Frankfort, Kentucky 40601